PTO/SB/05 (08-03)
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## UTILITY PATENT APPLICATION **TRANSMITTAL**

| Attorney Docket No. |                           | · · · · · · · · · · · · · · · · · · · |
|---------------------|---------------------------|---------------------------------------|
| First Inventor      | Visser, James E.          | ·                                     |
| Title               | Threshold Tray & Clip Sys |                                       |
|                     |                           |                                       |

| (Only for i   | new nonprovisional applications under 37 CFR 1.53(b))   | Express Mail Label No.  | <i></i>   |  |  |  |
|---|---|---|---|--|--|--|
| See MPEP o  | APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.  | ADDRESS TO: Commission P.O. Box 145   | stent Application<br>ner for Patents<br>50<br>/A 22313-1450   |  |  |  |
| 2. Applic See 3 3. Specif (prefer - Desc - Cross - State - Refer or a c - Back - Brief - Brief - Detai - Clairr   |   | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS |   |  |  |  |
| 4. Drawin 5. Oath or Dec a. Ne b. Co ffo. i. App  | py from a prior application (37 CFR 1.63(d)) r continuation/divisional with Box 18 completed)  DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  lication Data Sheet. See 37 CFR 1.76 |   | Attorney ment (if applicable) Copies of IDS Goral Copies of IDS (MPEP 503) mized) Document(s) ed) Inder 35 U.S.C. 122 Ist attach form PTO/SB/35 |  |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:  Art Unit:  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or dectaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |   |   |   |  |  |  |
| 19. CORRESPONDENCE ADDRESS  |   |   |   |  |  |  |
| Customer Number:  OR Correspondence address below   |   |   |   |  |  |  |
| Name  | James E. Visser   |   |   |  |  |  |
| Address   | 3300-T Joe Ashton Road  |   |   |  |  |  |
| City  | Ch Augustian  | State Florida   | Zip Code 22002  |  |  |  |
| Country   | St. Augustine United States of America  | State   Florida   Telephone   (904)826-3456   | Fax (904)824-9818   |  |  |  |
| ــــــــــــــــــــــــــــــــــــــ  | Office States of Fatherine  | (00.7)000 0.00  | (904)024-9810   |  |  |  |
| Name (Print/T)  | (De) James/E. Visser  | Registration No. (Attorney/Agent)   | Data Ca 144 h -   |  |  |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-03)
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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| Complete If Known    |                  |  |  |  |
|----------------------|------------------|--|--|--|
| Application Number   |                  |  |  |  |
| Filing Date          |                  |  |  |  |
| First Named Inventor | Visser, James E. |  |  |  |
| Examiner Name        |                  |  |  |  |
| Art Unit             |                  |  |  |  |
| Attorney Docket No.  |                  |  |  |  |

| METHOD OF PAYMENT (check all that apply)  | METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) |              |              | ECALCULATION (continued)                     |  |          |
|---|--|--------------|--------------|--|--|----------|
| Check Credit card Money Other None  | 3. ADDITIONAL FEES   |              |              |  |  |          |
| Deposit Account:  |  |              | Small        |  |  |          |
| Deposit   | Fee<br>Code  | Fee<br>(\$)  | Fee<br>Code  | Fee<br>(\$)                                  | Fee Description  | Fee Paid |
| Account<br>Number   | 1051   | 130          | 2051         | • •  | Surcharge - late filing fee or oath  |          |
| Deposit<br>Account  | 1052   | 50           | 2052         | 25   | Surcharge - late provisional filling fee or                                |          |
| Name  | 1053   | 130          | 1053         | 130  | cover sheet Non-English specification                                      |          |
| The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments           |  | 2,520        | 1812         |  | For filing a request for ex parte reexamination                            |          |
| Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) during the pendency of this application | 1804   | 920*         | 1804         | 920*   | Requesting publication of SIR prior to                                     | }        |
| Charge fee(s) indicated below, except for the filing fee  | 1  | 4 040*       | 4005         | 4 040*                                       | Examiner action  |          |
| to the above-identified deposit account.  | 1805   | 1,840*       | 1805         | 1,840  | Requesting publication of SIR after<br>Examiner action                     |          |
| FEE CALCULATION   | 1251   | 110          | 2251         | 55   | Extension for reply within first month                                     |          |
| 1. BASIC FILING FEE   | 1252   | 410          | 2252         | 205  | Extension for reply within second month                                    |          |
| Large Entity Small Entity   | 1253   | 930          | 2253         | 465  | Extension for reply within third month                                     |          |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$)  | 1254   | 1,450        | 2254         | 725  | Extension for reply within fourth month                                    |          |
| 1001 750 2001 375 Utility filing fee 375  | 1255   | 1,970        | 2255         | 985  | Extension for reply within fifth month                                     |          |
| 1002 330 2002 165 Design filing fee   | 1401   | 320          | 2401         | 160  | Notice of Appeal   |          |
| 1003 520 2003 260 Plant filing fee  | 1402   | 320          | 2402         |  | Filing a brief in support of an appeal                                     |          |
| 1004 750 2004 375 Reissue filing fee  | 1403   | 280          | 2403         |  | Request for oral hearing   |          |
| 1005 160 2005 80 Provisional filing fee   | 1451   | •            | 1451         | •  | Petition to institute a public use proceeding                              |          |
| SUBTOTAL (1) (\$) 375   | 1452   | 110          | 2452         |  | Petition to revive - unavoidable   |          |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |  | 1,300        | 2453         |  | Petition to revive - unintentional   |          |
| Fee from Extra Claims below Fee Paid  | 1501<br>1502   | 1,300<br>470 | 2501<br>2502 |  | Utility issue fee (or reissue) Design issue fee                            |          |
| Total Claims 4 -20** = X = -0-  | 1503   | 630          | 2503         |  | Plant issue fee  |          |
| Independent 3** = X =   | 1460   | 130          | 1460         |  | Petitions to the Commissioner  |          |
| Multiple Dependent  | 1807   | 50           | 1807         | 7 50   | Processing fee under 37 CFR 1.17(q)  |          |
| Large Entity   Small Entity   | 1806   | 180          | 1806         | 180  | Submission of Information Disclosure Stmt                                  |          |
| Fee Fee Fee Fee Fee Description Code (\$)   | 8021   | 40           | 802          | 1 40   | Recording each patent assignment per property (times number of properties) |          |
| 1202 18 2202 9 Claims in excess of 20   | 1809   | 750          | 2809         | 375  | Filing a submission after final rejection                                  |          |
| 1201 84 2201 42 Independent claims in excess of 3   | 45.5   |              | <b> </b>     |  | (37 CFR 1.129(a))  |          |
| 1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims                       | 1810   | 750          | 2810         | 375  | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| over original patent  | 1801   |              | 2801         | 375  | , ,  |          |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent   | 1802   | 900          | 1802         | 900  | Request for expedited examination of a design application                  |          |
| SUBTOTAL (2) (\$) - ()-   | Other  | fee (sp      | ecify) _     |  |  |          |
| **or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (\$) — O — |  |              |              | <u>-                                    </u> |  |          |
| SUBMITTED BY (Complete (if applicable)  |  |              |              |  |  |          |

SUBMITTED BY Registration No. 904) 826-3456 Name (Print/Type) Telephone James Attorney/Agent) Date Signature WARNIN: Informati in on this form may become public. Credit card informati in should not

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